

THE CARE PROGRAM REVIEW OF THE PASRR PROCESS IN KANSAS

The Client, Assessment, Referral, and Evaluation program (CARE) has been operating since January 1, 1995. It fulfills the federally mandated Preadmission Screening and Resident Review (PASRR) requirement, which is a screening process to determine whether individuals with mental illness, mental retardation, or other developmental disability need nursing facility services, specialized mental health or mental retardation/developmental disability services. All individuals, regardless of payment source, must have a valid proof of PASRR prior to admission to a Medicaid certified nursing facility.

What is a valid proof of PASRR?

In Kansas, the valid proof of PASRR documentation is the CARE certificate; however, if the individual triggered a level II assessment, the nursing facility must obtain a letter of determination that states nursing facility care is appropriate. Other states have different forms as the proof of PASRR.

Regardless of where PASRR is completed, the documentation must state that nursing facility care is appropriate. If it does not the person cannot be admitted to the facility. If you have any questions about proof of PASRR from Kansas or other states, please contact your Area Agency on Aging or the Kansas Department on Aging, CARE Program.

Are there instances when an individual can be admitted to a Medicaid-certified nursing facility without a CARE certificate?

Yes. If the individual's situation meets one of the following conditions, then he or she can be admitted without a CARE certificate.

1. The nursing facility stay will be provisional (30 days or less) for the purposes of rehabilitation or respite, and the stay is certified in writing by the individual's physician.

OR

2. The admission to the nursing facility is considered emergency. Examples of an emergency admission include, but are not limited to, the following:
 - a. An admission by Adult Protective Services; or
 - b. A natural disaster occurred; or
 - c. The primary caregiver becomes unavailable due to a situation beyond the caregiver's control, *e.g.*, caregiver becomes ill or an accident involving the caregiver occurs; or
 - d. A physician ordered immediate admission due to the individual's condition; or
 - e. An admission from an out-of-state community to a nursing facility that is beyond the individual's control, *i.e.*, an individual being admitted from their place of residence in another state on a weekend when an Area Agency on Aging (AAA) CARE assessor is not available.

What are the nursing facility's responsibilities if it admits an individual as a provisional admission (30 days or less)?

1. Prior to admitting the individual, the nursing facility must obtain a dated, certified statement from the customer's physician that states the reason for the admission is either for respite care or rehabilitation and the stay is expected to be for 30 days or less.
2. The nursing facility's CARE assessor, or its Director Of Nursing (DON), must complete Sections A and B of the CARE assessment and keep this partial assessment as part of the individual's permanent file.
3. If the individual's original intent is to stay 30 days or less and the individual is discharged within 30 days, no other action is necessary. However, if on day "20" it appears that the stay is going to exceed 30 days, the nursing facility must contact the AAA and arrange for the completion of a full CARE assessment.

What are the nursing facility's responsibilities if it admits an individual as an emergency admission?

1. The nursing facility's CARE assessor, or its DON, must complete Sections A and B of the CARE assessment.
2. Within one (1) working day, the nursing facility must send the Emergency Fax Memo and Section A and B to the AAA. The Emergency Fax Memo must contain the reason for the admission in the comments section and request a full CARE assessment be completed by the AAA. A copy of the Emergency Fax Memo can be found at <http://www.aging.state.ks.us/Manuals/CareManuals.htm>

Note: When an individual is admitted to the nursing facility because of an emergency, a full CARE assessment is required on or before the seventh (7th) day after admission. The AAA has five (5) working days to complete the full CARE assessment, which do not include weekends or holidays; therefore, the nursing facility needs to contact the AAA on the next working day after admission.

What are the consequences if a nursing facility admits an individual and does not have a valid proof of PASRR?

If the nursing facility admits an individual without a valid proof of PASRR, the nursing facility is not in compliance with federal and state laws. These laws require that anyone who is admitted to a Medicaid certified nursing facility has been screened and found appropriate for nursing facility care.

Also, Medicaid will not pay for an individual's nursing facility care if they do not have a valid proof of PASRR. If an individual is admitted under the provisional stay or as an emergency admission, the nursing facility must contact the AAA within the above timeframes or risk non-payment by Medicaid. Medicaid eligible individuals, who are admitted to the nursing facility without proof of PASRR, are not liable for payment because their Medicaid claim was denied for PASRR non-compliance. It is the nursing facility's responsibility to ensure PASRR compliance has been met.

Is completing the PASRR screening the only requirement to ensure Medicaid payment of nursing facility care?

No. There two conditions that must be met for Medicaid payment of their nursing facility care.

1. The individual must meet the Medicaid financial requirements. Each state has different criteria. Please do not assume an individual who was eligible for Medicaid payment in one state will be eligible in Kansas.

AND

2. The individual must have completed the federal PASRR requirements and their proof of PASRR states nursing facility placement is appropriate.
 - a. Individuals that do not trigger level II assessments must meet the level of care (LOC) threshold established by the Kansas Legislature.
 - b. Individuals that trigger level II assessment must have a level II determination letter that states nursing facility placement is appropriate. If an individual's level II assessment determines that nursing facility care is not appropriate, Medicaid will not pay for their nursing facility care.

If you have any questions about the CARE program, please contact the Kansas Department on Aging at 785-296-4986, or your local AAA.